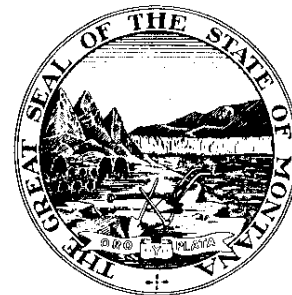


COMMISSIONER OF POLITICAL PRACTICES  
1205 Eighth Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
TELEPHONE: 406-444-2942  
FAX NUMBER: 406-444-1643  
WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)



## **INSTRUCTIONS** (Revised 01/08) **FORM C-6** **POLITICAL COMMITTEE FINANCE REPORT**

### **WHO IS REQUIRED TO FILE A FORM C-6?**

Pursuant to Montana Code Annotated § 13-37-225, each political committee shall file periodic reports of contributions received and expenditures made to or on behalf of candidates for elective office or in support of or opposition to ballot issues.

Each county, municipal, and school district political committee is required to file periodic reports if contributions are received or expenditures made that exceed \$500.

### **WHAT INFORMATION IS TO BE REPORTED?**

The information requested on Form C-6 is required in accordance with Montana Code Annotated §§ 13-37-225 and 13-37-226 and Administrative Rules of Montana 44.10.531(4). Detailed instructions for the completion of this report are provided in the Accounting and Reporting Manual for Political Committees available on the agency website through the "Campaign Finance and Practices" link and then "Committee Information" from the drop down menu.

### **WHEN MUST A FORM C-6 BE FILED?**

Montana Code Annotated §§ 13-37-226 and 13-37-228 provide the schedules for the filing of Form C-6 reports. Reporting calendars also are available on the agency website through the "Campaign Finance and Practices" link and then "Committee Information" from the drop down menu.

### **WHERE MUST A FORM C-6 BE FILED?**

- One copy is to be filed with the Commissioner of Political Practices at the address above. The report may be faxed provided the original report is submitted to the Commissioner immediately thereafter. The Commissioner's fax number and mailing address are provided above.
- One copy is to be filed with the Election Administrator of the county in which the committee has its headquarters.
- One copy is to be retained for the committee's records.

COMMISSIONER OF POLITICAL PRACTICES  
1205 Eighth Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
TELEPHONE: 406-444-2942  
FAX NUMBER: 406-444-1643  
WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)

**FOR OFFICE USE ONLY**  
Date Received and Postmark Date

# **FORM C-6** (Revised 06/03) **POLITICAL COMMITTEE FINANCE REPORT**

ORIGINAL FILING

AMENDED FILING

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

FULL REGISTERED NAME OF COMMITTEE

COMPLETE MAILING ADDRESS  
(Include City, State, Zip Code)

## **REPORTING PERIOD**

From

To

Initial Report

Periodic Report

Closing Report

No transactions in period

## **CASH SUMMARY: MONEY RECEIVED AND SPENT**

- CASH IN BANK** – Balance from previous report..... \$
- RECEIPTS** – Total received and deposited this period from Schedule A..... \$
- CORRECTIONS** – Addition or subtraction from Schedule D..... (Circle: + or --) -- \$
- Subtotal** ..... \$
- EXPENDITURES** – Total paid out this period from Schedule B..... -- \$
- CASH IN BANK** – Ending balance this report..... \$

## **CERTIFICATION**

I, \_\_\_\_\_, \_\_\_\_\_, certify the foregoing report of campaign finances with  
Name Title  
all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

Signature

**NOTE:** Report **MUST BE SIGNED** by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

TYPE OR PRINT CLEARLY IN INK

C-6 (page 2)

SCHEDULE A. Receipts – This Reporting Period			In-Kind		Cash or Check Amount	Total to Date Amount
			Description	Value		
1. Contributions Less Than \$35 Each (Total)						
2. Loans Creditor's full name / complete Mailing address <i>REQUIRED</i>	Occupation & Employer <i>REQUIRED</i>	Loan Date <i>Required</i>				
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____					
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____					
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____					
3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts ( <i>Describe</i> )		Date <i>Required</i>				
TOTAL RECEIPTS THIS PAGE						

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

Receipts – This Reporting Period (continued)		In-Kind		Cash or Check	Total to Date
		Description	Value	Amount	Amount
<b>4. Political Action Committee Contributions</b> Committee's <u>full registered name</u> and complete mailing address <u>REQUIRED</u>	<b>Date Received</b> <u>Required</u>				
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>					
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>					
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>					
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>					
<u>Registered Name</u> <u>Address</u> <u>City, State, Zip Code</u>					
<b>TOTAL RECEIPTS THIS PAGE</b>					

TYPE OR PRINT CLEARLY IN INK

C-6 (page 4)

Receipts – This Reporting Period (continued)	Date Received	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
<b>5. Political Party Committee Contributions</b> Full name and complete mailing address <i>REQUIRED</i>	<b>Date</b> <i>Required</i>				
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
<b>6. Incidental Committee Contributions</b> Full name and complete mailing address <i>REQUIRED</i>	<b>Date</b> <i>Required</i>				
Name _____ Address _____ City, State, Zip Code _____					
<b>7. Other Political Committee Contributions</b> Full name and complete mailing address <i>REQUIRED</i>	<b>Date</b> <i>Required</i>				
Name _____ Address _____ City, State, Zip Code _____					

**TOTAL RECEIPTS THIS PAGE**

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

<b>SCHEDULE A. Receipts – This Reporting Period</b> (continued)					
<b>8. Individual Contributors of \$35 or More</b> <u>REQUIRED:</u> ONE NAME ONLY FOR EACH CONTRIBUTION <u>REQUIRED:</u> Full name, complete mailing address, occupation & employer		<b>In-Kind</b> Description                      Value		<b>Cash or Check</b> Amount	<b>Total to Date</b> Amount
_____ Name _____ Address _____ City, State, Zip Code	_____ Occupation _____ Employer				
_____ Name _____ Address _____ City, State, Zip Code	_____ Occupation _____ Employer				
_____ Name _____ Address _____ City, State, Zip Code	_____ Occupation _____ Employer				
_____ Name _____ Address _____ City, State, Zip Code	_____ Occupation _____ Employer				
_____ Name _____ Address _____ City, State, Zip Code	_____ Occupation _____ Employer				
<b>TOTAL RECEIPTS THIS PAGE</b>					
<b>TOTAL RECEIPTS THIS REPORTING PERIOD</b> <u>Include ALL of Schedule A (Sections 1 – 8) in this total</u>					

Expenditures – This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
<b>1. PETTY CASH Expenditures</b> (TOTAL THIS PERIOD)				
<b>2. Expenditures</b> Full name and complete mailing address of each payee <u>REQUIRED</u>				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>				

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

<b>SCHEDULE B.</b> <b>Expenditures – This Reporting Period</b>	<b>Purpose</b>	<b>Candidate/ Issue</b>	<b>Date</b>	<b>Amount</b>	
				<b>PRIMARY</b>	<b>GENERAL</b>
<b>3. Independent Expenditures</b> Full name and complete mailing address of each payee <u>REQUIRED</u>					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>					
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b> Include all of Schedule B (Sections 1 - 3) in this total					



SCHEDULE C. Debts and Loans Not Yet Paid				
Full name and complete mailing address of each creditor <u>REQUIRED</u>	Purpose	Date Incurred	Balance Due	
			PRIMARY	GENERAL
_____ Name _____ Address _____ City, State, Zip Code				
_____ Name _____ Address _____ City, State, Zip Code				
_____ Name _____ Address _____ City, State, Zip Code				

SCHEDULE D. Utilize this section to report <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report</u> .			
Originally Reported on DATE SCHEDULE		As Originally Reported	Explain Correction